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appropriate. All further	correspondence including the below or directed other contracts and the correspondence including the correspondence in correspondence in correspondence in correspondence in correspondence in	ng the Patent, advance o	rders and notification of	maintenance fees will be	mailed to the current	ould be completed where correspondence address as rate "FEE ADDRESS" for
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Chicago, IL 60604			. <i>\$</i> / [Sarah Wang		(Depositor's name)
THAT IS THAT			IDEMARK			(Signature)
			L	29 September 2010		(Date)
APPLICATION NO.	, FILING DATE		FIRST NAMED INVENTO	R ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/590,843 TITLE OF INVENTION	09/11/2006 N: METHOD AND DEV	CE FOR ASSEMBLING	Karl Lenhardt FINSULATING GLASS	PANES FILLED WITH A	14461 A GAS DIFFERENT FRO	1435 OM AIR .
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
*conprovisional	YES	\$755	\$300	\$0	\$1055	10/29/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
) SCHATZ, CHRISTOPHER T		1791	156-099000	_		•
CFR 1.363). Change of corresponders form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-4 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un	AND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp	"Indication form ed. Use of a Customer A TO BE PRINTED ON	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) a data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corpora	tion or other private gro	up entity Government
Advance Order -	No small entity discount p	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-2219 (enclose an extra copy of this form).			
a. Applicant claim	tus (from stages indicated as SMALL EN ATY state	s. See 37 CFR 1.27	☐ b. Applicant is no lo	nger claiming SMALL EN	TTTY status. See 37 CF	TR 1.27(g)(2).
interest as shown by the	id Publication Fee (if requeecords of the United Sta	ured) will not be accepte techniques and Trademark	d from anyone other than Office.	the applicant; a registered	attorney or agent; or the	e assignee or other party in
Authorized Signature					September 2010	
Typed or printed name Keith H. Orum Registration No. 33985						

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